



Massachusetts Board of Registration in Pharmacy
250 Washington Street
Boston, MA 02108-4619

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pharmacy.admin@mass.gov

Duplicate Facilities License / Registration Request

A check or money order for **\$17** payable to the **Commonwealth of Massachusetts** must be submitted for each duplicate license and registration. (There will be a \$23 handling charge for returned checks.)

NOTE: Do not send cash, foreign currency, or electronic funds transfers. Fees are non-refundable and non-transferable.

Name of Licensee / Registrant (as it currently appears on the license):

Street Address _____

City/Town _____ State _____ Zip Code _____ - _____

Tel. No. _____ E-mail _____

License No. _____ FEIN Number (**mandatory**) _____

Check the license / registration type(s) for which you are requesting a duplicate:

- ☐ Pharmacy Permit ☐ Pharmacy Controlled Substance Registration
☐ Nuclear Pharmacy ☐ Wholesale Distributor Controlled Substance Registration
☐ Outsourcing Facility
☐ Wholesale Distributor Permit

If the current license has been lost or stolen, please initial here: _____

I certify under the penalties of perjury that the information provided is truthful, complete, and for lawful and honest purposes.

Signature _____ Date _____

To be completed by Board

Check:	Date:	Receipt No:
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